

Entered – 12-1-00 - sb
CL – 00L0725 ALEXIS HOLMES

01- R-0265

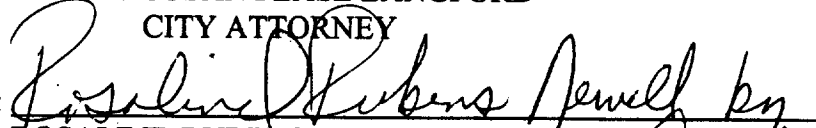
CLAIM OF: NEAL G. and CHARLEEN K. O'LEARY
456 Christopher Drive
Gainesville, Georgia 30501

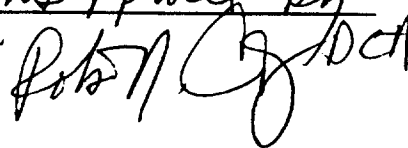
For damages alleged to have been sustained as a result of a vehicular accident on November 2, 2000 at Buford Highway northbound at Piedmont Road South exit.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Neal G. and Charleen K. O'Leary** the sum of **\$1,078.65** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident November 2, 2000 Buford Highway northbound at Piedmont Road South exit** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0725

Date: 2/12/01

Claimant /Victim NEAL G. and CHARLEEN K. O'LEARY

BY: (Atty)(Ins.) _____

Address: 456 Christopher Drive, Gainesville, Georgia 30501

Subrogation: Claim for Property damage \$ 1,078.65 Bodily Injury \$ _____

Date of Notice: 11/9/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/2/00 Place: Buford Highway Northbound at Piedmont Road South Exit

Department Police Division: _____

Employee involved Officer Timothy Hunnicut Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The claimants sustained vehicular damage when the driver of a City vehicle rear-ended their vehicle.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,078.65 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-13-01

Committee Action: _____ Council Action _____

Holmes
11/28/00
R

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11/6/00

Dear Municipal Clerk:

ENTERED - 09 12-11-00 - SB 02 RCVJ
00L0725 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1273.95 property and/or \$ — bodily injury for which I contend the City is liable.

1. Date of incident: 11/2/00 (month/day/year) 2. Time of Incident: approx 22:30 3. Police called: X Yes — No
4. Location of incident (including street address): access road to I-85 N. / GA 400 N.
5. Name of your insurance company: Liberty Mutual Policy No. A02-258-041865-109-6
6. State what and how incident occurred: City Vehicle Rear-ended personally owned vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota Tacoma 2000 297-WTW Neal G. O'Leary
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Honda Accord Timothy Hannicut Atlanta Police Dept.
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Reyna P. Gaytan 456 Christopher Dr. Gainesville, GA, 30501 770-535-7540
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Neal G. O'Leary
(Print Claimant's Name)

456 Christopher Dr.
(Address)

Gainesville, GA 30501
(City, State and Zip Code)

(404) 354-1212
(Work Number)

(770) 535-7540
(Home Number)

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